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Ferraccioli, Patricia; Acioli, Sonia

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As diferentes dimensões do cuidado na prática realizada por enfermeiros no âmbito da atenção básica

The different dimensions of care in practice held by nurses in primary care

Las diferentes dimensiones del cuidado en la práctica hecha por enfermeras en la atención primaria

Patricia Ferraccioli¹; Sonia Acioli²

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ABSTRACT

Objective: To understand the practices developed in the care provided by nurses in the National Health Programs in a unit of the basic health network in the city of Rio de Janeiro. **Methods:** The design was a form of case study. The scenario set up in a health center in the municipality of Rio de Janeiro and the research participants, eight nurses. Data were collected through semi-structured and subjected to thematic analysis systematic observation and interview. **Results:** One may observe the following practices most frequently associated programmatic activities performed by nurses: the nursing consultation, educational practice and the organization of the input stream. **Conclusion:** Knowing the different practices and care developed by nurses in different areas of expertise and professional linkages in different programs within the Primary Care, it was possible to understand the elements complexity and the multifaceted nature of the nursing profession.

Descriptors: Public health nursing, Primary health care, Professional practice.

¹ PhD Student in Nursing at the Graduate Program in Nursing of the Nursing Faculty of the State University of Rio de Janeiro. Fellow of the Research Support Foundation of the State of Rio de Janeiro. Master in Nursing by the Graduate Program in Nursing of the Nursing Faculty of the State University of Rio de Janeiro. Email: ferracciolip@gmail.com.

² PhD in Public Health. Associate professor of the Department of Public Health, Nursing Faculty of the State University of Rio de Janeiro. Permanent Professor of the Graduate Program in Nursing of the Nursing Faculty of the State University of Rio de Janeiro. soacioli@gmail.com.

RESUMO

Objetivo: Compreender as práticas desenvolvidas no cuidado realizado por enfermeiros nos Programas Nacionais de Saúde em uma unidade da rede básica de saúde no município do Rio de Janeiro. **Métodos:** A modalidade de delineamento foi o estudo de caso. O cenário configurou-se em um Centro Municipal de Saúde no município do Rio de Janeiro e os participantes da pesquisa, oito enfermeiros. Os dados foram coletados por meio de observação sistemática e entrevista semi-estruturada e submetidos a análise temática. **Resultados:** Pôde-se constatar, as seguintes práticas mais frequentes associadas às atividades programáticas, realizadas pelos enfermeiros: a consulta de enfermagem, a prática educativa e a organização do fluxo de entrada. **Conclusão:** Conhecer as diferentes práticas e o cuidado desenvolvido por enfermeiros, nos diferentes espaços de atuação e de articulação profissional em distintos programas, no âmbito da Atenção Básica, possibilitou compreender a complexidade de elementos e o caráter multifacetário da profissão.

Descritores: Enfermagem em saúde pública, Atenção primária à saúde, Prática profissional.

RESUMEN

Objetivo: Comprender las prácticas desarrolladas en la atención proporcionada por enfermeras en los Programas Nacionales de Salud en una unidad de la red básica de salud en la ciudad de Río de Janeiro. **Métodos:** El diseño en forma de estudio de caso. El escenario instalado en un centro de salud en el municipio de Río de Janeiro y los participantes de la investigación, ocho enfermeras. Los datos fueron recolectados a través de entrevista semi-estructurada y observación sistemática y se sometieron a análisis temático. **Resultados:** Se pudo observar las siguientes prácticas más frecuentemente asociadas actividades programáticas realizadas por las enfermeras: la consulta de enfermería, la práctica educativa y la organización del flujo de entrada. **Conclusión:** Conocer las diferentes prácticas y el cuidar desarrollados por las enfermeras en diferentes áreas de conocimiento y en diferentes programas dentro de la Atención Primaria, nos ha permitido comprender la complejidad de los elementos y la naturaleza multifacética de la profesión.

Descriptores: Enfermería en salud pública, Atención primaria de salud, Práctica profesional.

INTRODUCTION

The reflection on the practices in multiple aspects and on the care in its various dimensions, among them the social, cultural and political dimension, reveals the complexity of practices developed by nurses within Primary Care. "Practices have meanings and values attached to the set of socio-cultural relations that link people and groups among themselves, involved in the same field and referred to the same space of possible."^{1:67} In this context, actions or activities carried out by health professionals in a particular location are understood as practices individually or collectively developed in the health field, based on scientific knowledge and popular knowledge. Thus, the practice of the nurse seems to be understood as "a set of ways to walk and to do together with civil society in a given location, resulting from the junction of nursing fundamentals, biomedicine elements

of other medical rationalities, and of the so-called traditional or popular medicine."^{2:401}

Different searches in various databases, such as Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES) and the website of the Latin American and Caribbean Center of Information in Health Sciences (BIREME), have made possible to see that the practices and the care performed by nurses are related to several actions, in which care, considered in its philosophical essence, seems to be evidenced and or disassociated from practices by professionals. Therefore, more studies directed to the presence of care and of its construction in the actions of nurses are necessary, taking into account that care is the guiding principle of the profession. Some occupations and professions have been associated with this concept, and the most traditionally known are the professions of health. Nursing stands out among those professions, as care is considered the essence of nursing.³ "The element or category "care" has been appropriated by nursing as something that assures the identity of the profession and takes on a structural aspect in the work process of it."^{4:294}

The philosophical interpretations of care rely on Martin Heidegger's ideas.

"For Heidegger, one of the philosophers who most radically proposed an ontology, an understanding of existence, strictly based on the limits set by human self-reflective capacity, defines care as the very being of the human being."^{5:22}

The being-in-the-world, in its essence is healing (or care at the level of concrete realization of the exercise of presence). "Healing does not, therefore, primarily or exclusively indicate an isolated attitude of the self with itself."^{6:260} Other authors have dedicated their work to the senses of care. In the broadest sense, care relates to help another person to grow and feel accomplished.⁷ The appropriation of the concept is already part of everyday actions and scientific publications of the nursing profession. As an example,

"nursing care is the essence of the profession and belongs to two private spheres: an objective sphere, which relates to the development of techniques and procedures, and a subjective sphere, based on sensitivity, creativity and intuition to take care of another being."^{8:269}

The centrality of care in professional nursing practice seems to strengthen its identity in the search for a more valued space, socially and scientifically consolidated. However, the routine of the organization of the health work process does not always allow the appreciation of the subject and the application of principles that are socially expected. In this sense, it seems reasonable to claim that "the health field is, therefore, a space for relations of objective forces and

symbolic struggles involving specific interests of individuals who have predetermined positions.”^{9:155}

Therefore, it is evident that the care is not an exclusive activity of the nursing professional. Thus, there is the need for encouraging scientific productions related nursing care based on reflections on care practices performed in the context of public health. The wide dimension of the perspective that the practice and care, in their complexity of meanings, bring on the human aspect and the appropriation of some professions, is notable.

In this sense, the present study aims to reflect on the objective proposed for this study: understanding the practices developed in the care provided by nurses in the National Health Programs on a primary care network unit in the municipality of Rio de Janeiro; contribute to recognize this complexity and its meaning.

METHODS

This study was part of a larger project entitled *Care practices in SUS: the role of nurses in Primary Healthcare*, and was supported by the research productivity scholarship granted by UERJ/Proscience. This larger project is finalized and is part of a set of studies of the research line on Policies and Practices in Public Health and Nursing of the Graduate Program in Nursing of the Nursing Faculty of the State University of Rio de Janeiro (UERJ), with many products already published.

It was determined that the design mode that would best reach the proposed objectives was case study. It is understood that “a case study investigates a contemporary phenomenon within its context, especially when the boundaries between the phenomenon and the context are clearly defined.”^{10:32} In this particular case, the situation researched is part of the agenda of current discussions in the context of nursing, practices and care developed by nurses in the field of Basic Attention and reflection on the delimitation of these professional practices.

It is important to highlight that the case study stimulates concern for the formulation of new research, because it is the analysis of a restricted universe and not always conclusive that provides, however, the understanding of the phenomenon studied in such a way to generate new perspectives and directions. “That is why the case study cannot be seen as a design characterized by simplicity. On the contrary, it is a design that requires many skills from the researcher.”^{11:8}

The setting of this research consists in a Municipal Health Center located in the planning area 3.2, which encompasses 23 districts of the municipality of Rio de Janeiro. The choice for this setting comes from the evidence that institutional activities have a significant number of ongoing National Health Programs, with active nursing professionals.

The participants consisted in eight nurses, who provided seven interviews and one testimony. After clarifying the

objectives of the research, the content of the Informed Consent (IC), the participants read the document and expressed their agreement by signing it.

Data collection, which took place in the period July-September 2011, made use of the following instruments: systematic observation, semi-structured interviews and research in documentary sources.

For the evaluation of results, we used thematic analysis,¹² in which recorded units found and crossed generated a frequency percentage relevant to the study. Data collection took place between June and October 2011. In June 2011, a pilot with the instrument was made with three interviews outside the field of the research, in a Polyclinic school, to consolidate the instrument. The professionals who participated in the interview were nurses working in National Health Programs.

Methodologically, the analysis of thematic content, although qualitative approach, is appropriate for processing data elements of the quantitative approach, aiming to find the frequency of certain information and the nuclei of contextualized meaning in interviews and pertinent to the object studied.

Following this approach,^{12:208} “the notion of theme is linked to a statement about a certain subject. It comprises a bundle of relations and can be graphically presented by a word, a sentence, an abstract.” In the sense that “thematic analysis consists of discovering the core meanings that compose communication and whose presence or frequency can mean something for the chosen analytical objective.”^{13:64}

The trajectory of analysis followed the methodological steps¹² where interviews were recorded, transcribed and read thoroughly until impregnation, in order to allow a cut coherent with the proposed object. Clipping of texts and the organization of recorded units were made in the data processor *Word for Windows* as well as the quantification, the ordinations by frequency and graphing were performed on the data processor *Excel for Windows*. The coding of themes was gradual and simultaneous to the reading of several materials and authors, in order to enable the construction of cores of meaning.

This research was committed, for the year 2011, to comply with the guidelines contained in the Resolution 196/96 of the Ministry of Health, in both, ethical aspects and toward the participants involved. The Ethics Committee of the Municipal Secretariat of Health and Civil Defense of Rio de Janeiro (CEP SMSDC-RJ), established under the CNS Resolution nº 196/96 and duly registered with the National Research Ethics Committee received and analyzed the study, and expressed the opinion of approval under research protocol nº 84/11, Opinion nº 0023.0.325.314-11.

RESULTS AND DISCUSSION

The exhaustive reading of the data collected, based on the method of thematic analysis, priority was given for counting the frequency of coincident responses contained in the interviews. This phase of the thematic analysis aimed to group units of registration that are relevant to the study in order to provide a classification and consequent categorization that shows the major tendency of the responses of professionals. It is worth to clarify that the categorization can be designed in advance, backed by the researcher's solid knowledge on the subject for development of a classification scheme, or the categorization may arise from the analysis of the material.¹² We chose in this study to obtain a classification scheme by the results expressed in units of registration coming from the subjects of the interviews. The organization and mapping of data indicated the occurrence and frequency of appearance of certain approaches in response to the semi-structured script, which led to the creation of three categories, totalling 1777 Registration Units (RUs) analyzed. The category A with the relative value of 35.73% (635) of the total RUs entitled: The developed practices and the care provided by nurses in National Health Programs operating in the research setting; Category B (20.65% - 367): The nurse's view on the development of its practices, and Category C (43.62% - 775): Factors that interfere with the practices developed by nurses, with two subcategories, C1 (16.66% - 296) - Training and professional development and C2 (26.95-479) - Problems related to professional practices.

In this paper, we will present the results found in the category A by presenting the highest percentage of registration units per approach, in which they expressed the developed practices and the care provided by nurses in National Health Programs. Participating nurses worked on the following national programs: 03 nurses in Hypertension and Diabetes Mellitus Control Program, 02 nurses in the National Program for Promotion, Protection and Support of Breastfeeding, 01 nurse in the National Program for Comprehensive Health Care of Women, 01 nurse in the National Program for Tuberculosis Control and 01 nurse in the National Program for the Elimination of Leprosy. Nurses were not exempted from acting in other ongoing programs in the research unit.

This study does not aim to present delimitations or concrete definitions about the object studied. However, the inseparable nature of the care provided and the activities undertaken became quite clear during the analysis. Likewise, the range that surrounds the concept of care, whether professional or not, was evident. Another aspect related to practices reflect the diversity of actions performed by nurses that seem to be directly related to the relations of power between different social actors, the influence of different knowledge, socio-cultural aspects, worldviews on field and space for daily activities. However, "it seems necessary to further coordinate the practices carried out by public health

nurses with the reflection about care, and a greater focus on the nurse's performance: ways of doing, difficulty, facilities and expectations."^{14:509}

It is understood that the way users participate in programs is not necessarily focused on medical consultation, individualized to obtain drugs, but also in attendance to educational meetings, which contribute to their understanding of how to deal better with their health conditions.¹⁵

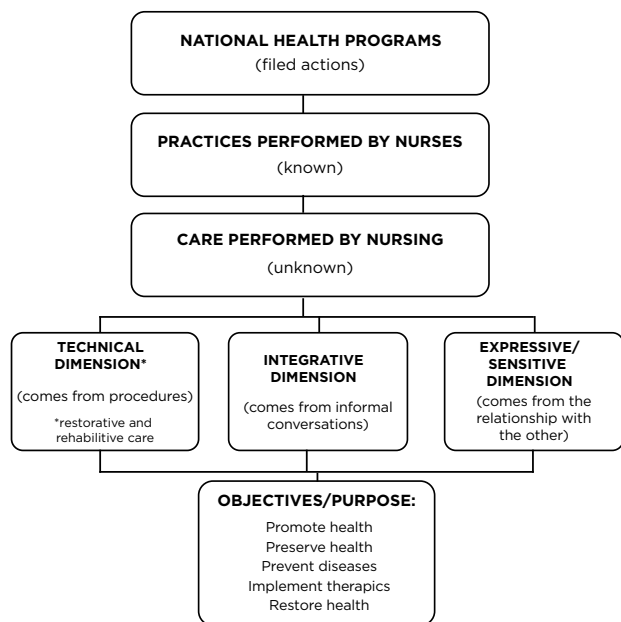
Permeating the actions of nursing professionals is the guiding principle and the essence of the profession: the care. However, the appropriation of this concept by nurses, either in scientific publications or on theoretical grounds, in order to structure the work process and ensure its identity, does not seem to be clear to those professionals. Alternatively, it seems to be implied in the universe of practices in their various dimensions. This assumption of knowing seems to direct an act full of subjectivity, confused or given as a purely mechanical and technical act, supported by a need for professional development influenced by a physician-centered model.

It is quite common to observe what today is the opposite of care, that is, a performance of supposedly categorized actions as care in a mechanical and impersonal way in which the person receiving care feels invaded, annulled, unsecure, ignored, objectified.^{16:29}

For better implementation of the analysis, it was decided to adopt the care classification into three large groups or dimensions,¹⁷ expressed in the previous chart. The first group is the technical dimension, which fits in restorative and rehabilitative care. Restorative and rehabilitative care are those relating to the treatment of diseases, restoring the integrity and activity of the body, enabling the recovery and the extent of healing. It is directly associated with technical actions carried out by the nurse, universe where the most subjective actions of care are intertwined.¹⁷ Technical/instrumental care imply, in large part, direct interventions in the body of the patient, marking him both positively and negatively, when it causes discomfort and pain. The second group refers to the integrative dimension. Integrative care involves informal conversations with customers. And finally, the expressive/sensitive dimension applied to humanization of care and the re-establishment of the human condition to the subject.¹⁷

This reflection referred the construction of a final product distributed in the interrelations of its constituent units, since the implementation of formal actions from clinical protocols and guidelines to the central objective which refers mainly to promote, preserve and/or restore the health of users. This reflection resulted in the construction of an organizational chart with its constituent parts.

Figure 1 – Explanatory flowchart of the actions performed by nurses in the Municipal Health Center. Rio de Janeiro, RJ, 2011



This set of actions performed by nursing professionals is directed to the interventions of health problems, that is, the purpose of such actions are, among others, to promote, preserve and restore health, prevent disease, implement therapies for users of the system. After clarifying the place of the practices in the context of the institution studied, it is opportune to start the discussion on the analysis of practices and the care mentioned by nurses during interviews. We agree with other research in that the ‘procedure’ and the ‘routine’ are not acts of caring and [...] to take care of the other is a [scientific] act of nursing that requires diagnosis, intervention and evaluation.^{18:29}

Revealing the results of the study, it is noteworthy that the highest percentage of frequency in interviews referred to the practice focused on nursing consultation and its systematization (10.58% - 188). As exemplified in N01’s speech.

“So yes, there is a shift for family planning, a shift for prenatal, two shifts for gynaecologists, he joins it with preventive and other gynaecological problems, and other, that the consultation and the preventive take too much time, that in addition to collecting, which is the technical part, there is still other part, that is the history, the entire collection of the patient’s problems, so this is also very time consuming, and the preventive is also time consuming and very tiring because of the technique [...]” (N01)

It could be observed, according to the statements of the nurses working in the scenario researched, the following practices associated to program activities: nursing consultation, educational practice, organization of the inflow,

reference system and internal routing, practice non-specific to nursing, home visits and professional relationship between nurses and other professionals in the activities undertaken.

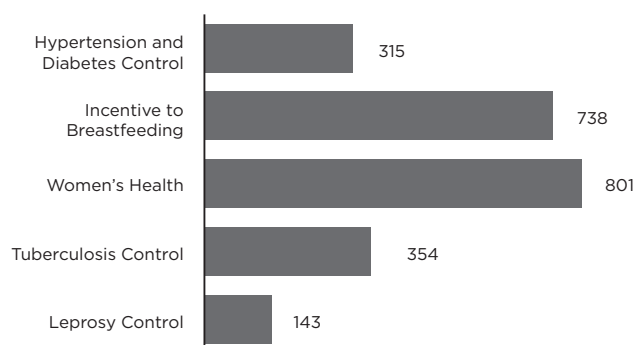
Table 1 – Practices developed by nurses working in National Health Programs in the Municipal Health Center, Rio de Janeiro/RJ, 2011

Order		Fi	%
1	Nursing consultation	188	29.61
2	Educational practices	112	17.64
3	Inflow organization	66	10.39
4	Reference system and internal routing	48	7.56
5	Non-specific practices	48	7.56
6	Home visits	03	47
7	Professional articulation: between nurses and other professionals	170	26.77
% Total RUs of the presented category: 35.73%		635	100.00

Consultations held by nurses, according to the shift, were quantified. Consultations carried out by the nurse who works in the National Program for Comprehensive Health Care of Women (NPCHCW) were the most representative. One of NPCHCW guidelines recommends, within the comprehensiveness, clinical and gynaecological and educational assistance during prenatal, delivery and postpartum; prevention, diagnosis and treatment of sexually transmitted diseases, cervical cancer and breast cancer and family planning. This contemplates, therefore, a generational approach to women in all stages of life, from adolescence to the stages of adulthood.¹⁹

The nurse has an important role in active listening during nursing consultations to women’s health, especially in Pap smear testing. However, it is necessary that nurses are constantly increasing their training and qualification and become aware of techniques used during the tests, emphasizing the integral care, resoluteness and reference services.²⁰

Figure 2 – Total nursing consultations held in the 1st half of 2011 in the setting researched, 2011



It is noteworthy that the number of consultations of NPCHCW is superior even with only one nurse active in the program. However, in this calculation are the consultations held by nursing teachers in the unit, in academic activity.

The second highest number of consultations corresponded to the Program for Incentive of Breastfeeding closely linked to NPCHCW. The nursing consultation has the nurse as the central figure in the assistance to the needs of the client, configured in a physical space where orientation is held uniquely between the nurse and the client. Therefore, the nursing consultation is presented as a privileged space to reflect on the composition of knowledge and action specific to the nurse.²¹

A direction on the three dimensions of care addressed in this study could be noticed in the speech of the interviewed. The technical dimension: with the application of technical and scientific knowledge and specific practices in the different programmed actions. However, there was a great appreciation of this dimension and a difficulty to make distinction between objective and subjective care immersed in this practice. The integrative dimension: with informal conversations during nursing consultations, which seems to be common to all the nurses interviewed regardless the time dedicated to these. Finally, in the expressive/sensitive dimension: an effort to value and humanize practices was observed. There are several factors that interfere with the realization of this type of care. These include: determining the number of visits per shift, what ends up in reduced time for completion of consultations; structural problems of the unit and excessive inflow of users.

"Hence, looking for the nursing practices in primary care, which are producers of meanings of care practices or are unnoticed practices in health, helps to understand how care is practiced in this field of activity, whether in the organization of its services or in the provision of a service based on the identification of health needs and health orientation."^{214:78}

Nurses, although acting basically in a particular Health Program, develop actions in other programs, either due to institutional determination or to informal communication, through direct or indirect participation. It was noted that the three dimensions of care pervade the programmatic actions.

Educational practices relate mainly to the guidelines provided by nurses to the different social actors. They pervade health promotion, prevention and control of diseases, self-care, and also technical guidance on the performance of procedures and the use of technologies. In this context, educational practice must be understood as the interaction in a given space, "so that they learn how to solve problems and/or how to refer them to other instances. There should be no coercion, order, but guidelines, arguments with theoretical and practical basis [...]".^{22:179} It was also noticed

in the context of the analyzed interviews, that within these educational activities, there is an emphasis on the technical dimension of care, because even by promoting a dialogue/listening, there is an important direction to the biological aspects in a vertical way.

"[...] The day-to-day is to speak, speak, speak and speak, decrease salt towards a natural diet, beware of processed products because they have high concentration of salt, many with built-in salt, to explain why the salt is so bad, because the pressure rises, make a drawing, explains A plus B; then some get worried, but the vast majority do not." (N03)

It can be inferred, however, according to another study, that "the basic health unit nurse is in a more favorable position for health education, encouraging prevention; however, a new model of care is necessary, focusing on the patient and on the service that assists him."^{23:385}

The organization of the inflow is also a relevant practice according to the results. The unit receives, as mentioned earlier, a flow of spontaneous demands, that is, users who seek treatment by self-determination; referenced demand from other units and from internal routing. Therefore, it was observed that the screening, that is, the selection and definition of the sectors to which patients will be referred, is in the hands of the nursing staff, in particular and in most cases, the nurse. In the flow organization, the integrating dimension permeates the work process. The concern for intervention in health problems of users also permeates the expressive and sensitive dimension, through the construction of problem-solving dialogues and sensitive listening, implied by professionals as performed care.

It is worth to highlight some aspects of the National Immunization Program (NIP). The NIP seems to work as a gateway and as part of the organization of inflow to other programs. Therefore, it seems that the articulation between programs occurs primarily due to the institutional model established for the operation of the unit and allows also to state that the nurse performs various health practices. All respondents act in accordance with predetermined shifts in the National Immunization Program. Elucidating these actions, it can be inferred that there is accumulation of duties of nurses who work at least in two health programs in the unit.

"The nursing professional has a great contribution to the control of immune-preventable diseases. The nurse's situation includes: organization of the immunization sector, administration of vaccines, guidance on vaccine reactions, evaluation of vaccination cards, among others."^{24:326}

The practices classified as non-specific or as deviation from the main function relate to the actions taken beyond the nurses' working process, such as participation in the collection and transport of human milk, breast milk donation; realization of podiatry services to prevent ulcers in patients with diabetes, among others.

Only two nurses said to make home visits. It should be noted that the unit, at the time of data collection, had no family clinic and home visits were made for active search for patients with leprosy that do not adhere to treatment, and patients with results of preventive examination, cytological, suggestive of intraepithelial Neoplasia Cervical (NIC) with significant or suggestive changes. It is clear, therefore, in the home visit, the initiative of nurses, in the dimension of the expressive and integrative care geared to solving the health problems of the population.

Another aspect to be discussed in this category is the professional articulation between nurses and other professionals in the same category and with other health professionals working in the National Programs operating in the research setting. This discussion begins with the articulation of health professionals with activities in national programs, in full development in the unit. Thus, it was possible to reflect on some of the tensions present in the routine of the nursing professional, such as competition for spaces of greater social and economic value, the search for professional self-assertion grounded in scientific technicality of caring and technical and social division of the profession, which includes workers from different levels of training in the composition of the team. It was noticed then the multiple disparities and tensions in the labor process and the need for understanding the central object of the profession. In addition to the multiple disparities and tensions in the reality of the profession, the amount of attributions of nurses represents a major barrier to the actual fulfilment of all activities for which they are responsible. The productivist practice makes unfeasible the moments of reflection on the daily life and actions.²⁵

The articulation between health professionals in the unit occurs most often in an informal way to meet the needs of patients, performed between activities. These findings and observations made in the unit show a positive interpersonal relationship between most of the professionals in the unit but also the ineffective driving of this process by the management.

As for the formal articulation, there was an unanimous position of nurses about the barriers related to the regulatory system and its operation. It is important to explain that this is a computerized control system with online information provided by the database of the Unified Health System (DATASUS) that is used for management and operation of Regulation Centers (SISREG).

Therefore, knowing the different practices and dimensions of care provided by nurses in the different scenarios made up of the areas and their professional articulation in different programs allowed to understand the

multifaceted nature of the profession, the scope of primary care and the complexity of elements.

CONCLUSIONS

The central axis of the discussion of this research permeates nursing practices that are carried out under the Primary Care, and how nurses see the appropriation of these practices in nursing care. After analyzing the data collected, it was possible to discuss some elements, taking into account the diversity that surrounds the subject.

The practices carried out by nurses have been discussed in this study using the reports of professionals about their experiences in the setting researched as basis. Thus, an expression of a unique form of practice and a single dimension of care is of no use. The practices and care actions performed in the field of primary care, although in a unique setting, appear to be intertwined with many subjective, epistemological, cultural and socio-economic aspects.

Understanding the practices developed in the care provided by nurses in National Health Programs, in the research unit, was particularly complex because the care and the actions taken were not easily dissociated during speeches. Nurses affirm to perform care in their daily activities, but these dimensions of care, their meanings and practices, do not seem to be very well defined. It could be inferred that nurses make reference to the presence of care dimensions in their daily actions, in the form of interpersonal relations of dialogue and listening, appreciation, humanization and respect. These pervade, therefore, the understanding of nurses about the meaning of doing, that is, the practice of professional care based on scientific knowledge. The definition of the role of nurses and the delimitation of their practices in primary care seem to occur based on that meaning.

There is a plurality of practices performed by nurses in the health unit researched. Although these actions are directly associated with a National Health Program, active in the unit, nursing professionals develop actions in other programs and sectors, either due to institutional determination or to informal communication, through direct or indirect participation. It was understood then, that these practices appear to be directly related to the epistemic and social education of individuals, filed by the historical influence of the profession.

These inferences lead to a reflection on the need to instigate nursing professional to understand the development of care in their practices, their meanings and boundaries, particularly because the care has been for long time dismissed as knowledge. Rooted in this reflection, we could understand, therefore, that the care permeates and, at the same time, is permeated by the different practices developed, although implied, by the professional nurse. Furthermore, the appreciation of the profession, through the acknowledgement of care and nursing practices, seems to be

essential for the satisfactory development of the attention to health in this very important field, considered the gateway for the Unified Health System.

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Author responsible for correspondence:

Patricia Feraccioli

Boulevard 28 de Setembro, 157

Vila Isabel, Rio de Janeiro/RJ

ZIP-code: 20551-030